

**EXHIBIT E – INDIVIDUAL APPLICATION**  
**IDAHO CONTINUING EDUCATION COURSE APPLICATION**  
IDAHO DEPARTMENT OF INSURANCE RULE NO. 53

ADDRESS OF INDIVIDUAL SUBMITTING COURSE

INDIVIDUAL NAME, PHONE, EMAIL INFORMATION

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

COURSE TITLE \_\_\_\_\_ DATE OF COURSE \_\_\_\_\_

LOCATION \_\_\_\_\_ CITY \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_

COURSE TYPE: LIFE ☐ HEALTH ☐ P/C ☐ ETHICS ☐ LAW ☐ GENERIC ☐

METHOD OF INSTRUCTION:

☐ Classroom/Lecture ☐ Self Study ☐ Internet ☐ Employee Training ☐ Professional Association

☐ College/University ☐ Other \_\_\_\_\_

Number of credit hours requested for this course \_\_\_\_\_

METHOD OF DETERMINING SATISFACTORY COMPLETION:

☐ Examination ☐ Attendance ☐ Report ☐ Other \_\_\_\_\_

YOUR SIGNATURE HERE:

\_\_\_\_\_

**For Department Use Only:**

**Date Reviewed** \_\_\_\_\_

\_\_\_\_\_ Hour(s) approved including \_\_\_\_\_ Ethics \_\_\_\_\_ Law

( ) Approved hours/course type changed from the previous approval

\_\_\_\_\_ Course NOT approved for the following reason(s):

( ) Sales/Marketing Oriented ( ) Does Not Relate to Insurance ( ) Self-Motivational ( ) Computer Science

( ) Other \_\_\_\_\_

Idaho Course Number: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE:** EXHIBIT A AND EXHIBIT B MUST **BOTH** BE SUBMITTED TO THE DEPARTMENT OF INSURANCE  
Idaho Department of Insurance, P.O. Box 83720, Boise, Idaho 83720-0043